

Attorney Docket No.: PALM-3624.SG



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

bearing f of deposi	First Člass P	nis transmittal of the below des ostage and addressed to the C	scribed document is bein Commissioner for Patent	g deposited to s P.O. Box 14	with the U 450, Alexa	nited Stati andria, VA	es Postal Se 22313-145	ervice in 50, on the	an enveice below da	pe ate
Date of Deposit:	02/21/	0 6 Name of Person Making the Deposit:	Julie Williams		ure of the l g the Depo		Juli		War	no
In re A	pplication	of: Tony Valenzuela,	Chris Kratle and Tr	oy Hulick		(	Û			
Applica	ation No.	: 09/839,893	Examin	er: Le, t	Uyen C	Chau N	•			
Filed:	04/20/	01	Art Unit	2876						
Confir	nation No	o.: 4291								
For: A	N INTE	GRATED SIM HOLDER	WITH BACKCASE	AND RO	TATING	G DOOF	ł			
P.O. B	ox 1450	or Patents								
Alexan	una, va	22313-1450	<u>AMENDMENT</u>	TRANSI	MITTAL	÷		•		
1.	Transm	itted herewith is an am	endment for this ap	oplication						
Tı	ansmitte ther:	sheets) d herewith are nt is other than a small	sheets of subst	itute form	al draw	ings.				
			Extension	of Term	1					
3.	The pro	ceedings herein are fo	r a patent applicati	on and the	e provis	sions of	37 C.F.F	₹. 1.130	6 apply	·•
(a)	[X]	Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)								
		Extension [ ] one month [ X ] two month [ ] three month [ ] four months [ ] five months	ns hs s	Fee \$120.00 \$450.00 \$1,020.0 \$1,590.0 \$2,160.0 <b>Fee</b> \$4	0 0					
If an ac	ditional e	extension of time is req	uired, please cons	ider this a	petition	therefo	or.			
(b)	[]	Applicant believes that being made to provide need for a petition for	for the possibility							

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## **Fee Calculation**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(for other than a small entity)											
Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid For	Present Extra Claims	Fee Rate	Total						
Total Claims	16	- 21 =	0	x \$50.00	\$0.00						
Independent Claims	3	- 3 =	0	x \$200.00	\$0.00						
Multiple Dependent Claim Fee (one or more, first added by this \$360.00 amendment)											
Total Fees											

## **PAYMENT OF FEES**

- 5. The full fee due in connection with this communication is provided as follows:
- [ x ] The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No.: 23-0085.
   A <u>duplicate copy</u> of this authorization is enclosed.
- [ X ] A check in the amount of \$450.00
- [ ] Charge any fees required or credit any overpayments associated with this filing to Deposit Account No.: 23-0085.

Please direct all correspondence concerning the above-identified application to the following address:

## WAGNER, MURABITO & HAO LLP

Two North Market Street, Third Floor San Jose, California 95113 (408) 938-9060 Customer No: 45549

Respectfully submitted,

Date: 2-21-2006

Amir A. Tabarrok – Reg. No. 57,137